

# Parkcare Homes (No.2) Limited

## Linden Lodge

### Inspection report

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London  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 7 June 2017 and was unannounced.

At the last inspection on 5 January 2015 the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

Linden Lodge is a care home for people with mental health conditions. The home is registered for 10 people and the home was fully occupied on the day of our inspection.

People told us that they felt safe living at Linden Lodge and were supported by staff who knew them well and supported them in a way that promoted their independence but provided appropriate support where required.

Staff demonstrated a good understanding of the terms safeguarding and whistleblowing and clearly explained how they would protect people from abuse.

The service had developed and completed detailed risk assessments which identified people's individual risks associated with their care and support needs. Risk assessments provided guidance as to how risks were to be managed or mitigated against in order to keep people safe.

The provider followed their medicine policy to ensure that medicines were managed and administered safely.

During the inspection sufficient numbers of staff were seen to be available to ensure people's needs were met.

Staff told us and records confirmed that they were supported to carry out their role through a variety of processes which included induction, regular training and development, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider had policies and systems in place to support this practice.

People were enabled to choose and prepare their own meals with support provided by staff where required.

We observed people had developed positive and caring relationships with staff that were based on respect and trust and which also ensured that their privacy and dignity was maintained.

Care plans were detailed, person centred and provided information about people and how they wished for their care and support to be delivered.

People and relatives knew who to speak with if they had any concerns or issues to raise. The service had not received any complaints since the last inspection.

People and relatives knew the registered manager. Throughout the inspection we observed that the registered manager knew people well and people felt comfortable approaching them. Staff also confirmed that the registered manager was always available and ran an 'open door' policy.

A variety of management systems and processes were in place which looked at and monitored the quality of care delivered to ensure that high quality care was provided and where improvements were noted to be required this was addressed and that subsequent learning could take place.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Linden Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 June 2017 and was unannounced.

One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we contacted a number of health care professionals and commissioners to obtain their feedback about the provider and the service that they provided. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

During our inspection we spoke with five people who used the service and observed interactions between people and staff. We also spoke with the registered manager, the deputy manager, a senior support worker and one support worker. We looked at six care records, five staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

After the inspection the inspector spoke with four relatives of people using the service and a further two support workers.

# Is the service safe?

## Our findings

People and their relatives both told us that they felt safe living at Linden Lodge and with the care and support that they received. One person told us, "I feel more secure here than what I would do if I living on my own. It is less of a worry." Comments from relatives included, "Yeah he is safe and I know [person] feels safe" and "Yes, I believe he is."

Staff were able to tell us about the different types of abuse, how they would recognise abuse and the actions they would take to ensure people who used the service were safe. Staff told us that any concerns would be reported to the registered manager and if no action was taken they would report their concerns to the local authority or the Care Quality Commission (CQC). One staff member told us, "I would talk to the resident. I would make sure the resident felt safe and that they were not worried. I would then talk to the manager."

Each person's care plan contained detailed risk assessments which had identified each person's individual risks associated with their health and care needs. A risk management plan was in place which gave a description of the risk, how the risk affected the person and the control measures in place to mitigate or reduce the risk to ensure people's safety. Examples of people's identified risks included financial, eating, skin health, allergies, health conditions and challenging behaviour. Risk assessments were reviewed on an annual basis or sooner where any changes were noted.

Each person had a personal emergency evacuation plan (PEEP) which detailed the steps that would need to be taken to safely evacuate the person in the case of an emergency. The plan detailed any known hazards to the person and the actions that were to be taken to ensure the person's safety.

Throughout the inspection we observed there were sufficient numbers of staff available to meet people's needs. The rota confirmed the staff that were on duty on the day of the inspection. The registered manager told us and staff also confirmed that there was always enough staff available and that staffing levels could be increased or adjusted as and when people's needs were seen to increase. This included the allocation of additional staff to facilitate activities and escort to appointments.

We looked at five staff recruitment files which included newly recruited staff since the last inspection. The provider continued to follow robust processes to ensure the safe recruitment of staff. This included criminal record checks, references confirming conduct in previous employment and checks confirming staff members identity.

Medicines were managed safely. The provider followed their medicine policy to ensure people's medicines were administered and managed safely. Records confirming administration and management of medicines were complete and no gaps were identified. Medicines were stored in secure cupboards in each person's bedroom.

One person was noted as receiving their medicines covertly. Medicines given covertly is the administration of any medical treatment in a disguised form. Appropriate documentation was available confirming that this

decision had been made in the person's best interest and had been agreed by the relative of the person and all medical professionals involved including the GP and the pharmacist. The registered manager completed monthly medicine audits to monitor the administration of medicines and where any discrepancies were picked up, these were dealt with as soon as possible.

Staff told us and records confirmed that all staff responsible for the administration of medicine had received training following which their competencies had been assessed to ensure that they administered medicines safely.

The home was clean and there were no mal-odours noted. People alongside staff members were observed cleaning the home and we were told that this was part of their daily routine.

# Is the service effective?

## Our findings

People knew staff well and felt confident in approaching them as and when they required support. People also told us that they felt care staff were appropriately skilled and trained. Relatives spoke highly of the service that was provided to people and felt confident that staff were skilled and trained to deliver care effectively. Comments from relatives included, "Yeah, from what I see of the staff they are trained" and "I don't know if they are trained but they do know how to deal with the people."

Staff told us and records confirmed that they received an induction when they first started working with the provider which was followed by on-going training in topics such as moving and handling, safeguarding, Mental Capacity Act 2005, medication and fire safety. All training was refreshed on a regular basis. One staff member told us, "The manager always tries to encourage us to do more." Staff also told us that they received regular supervisions and an annual appraisal and records confirmed this. One staff member stated, "We feel supported. We receive regular supervision but the manager also has an open door policy."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All staff demonstrated a good understanding of the MCA and how the principles of the MCA were to be applied when supporting people. One staff member explained, "A person may have capacity now but this may change. If someone is assessed to lack capacity it can for one particular area but may have capacity in other areas. We talk to the person, the family and other professionals to make a decision in their best interest."

People were asked to sign their care plans consenting to the care and support that they received. We observed staff always asking people what they wanted and asking for their permission before any task was carried out. The service had carried out appropriate assessments for people where it was suspected that they possibly lacked capacity. Where people had been assessed as having their liberty deprived, appropriate authorisations had been issued the local authority.

People were involved in setting up weekly menus. Each person was able to choose a particular meal of their choice for each day of the week. Where possible, some people were supported to cook their own meals. Care plans detailed people's likes and dislikes about their food and drink which also included any specialist dietary requirements. One person was noted to require a halaal diet due to religious beliefs. The person had a specific drawer in the freezer which contained all meats classified as halaal. Another person's care plan had specific guidance from the speech and language therapist about the consistency of their food and drink and how they were to be supported with their meal safely.

People had access to a variety of community healthcare professionals which included the GP, chiropodist, psychiatrist, dentist and community nurses. Each person's care plan contained detailed records of each appointment or visit they had attended and included information about the reasons why and the outcome of the appointment including any actions that needed to be completed by the service. We also saw appropriate referrals had been made where specific concerns had been noted about a person's health care



needs.

## Is the service caring?

### Our findings

Throughout the inspection we observed that people had established positive and caring relationships with the staff that supported them. People were seen approaching members of staff confidently when they needed to express themselves or were requiring support. Comments from people about the staff and the support that they received included, "Yes, [staff] is very good, he is sweet in nature. He makes me feel good" and "Yes all of them care for my wellbeing." One person had written about their experience of living at Linden Lodge. Their feedback stated, "Staff are polite and [staff member] is very kind. Now that my parents are dead, the staff here are like my family."

Relatives also told us that care staff were caring and had built positive relationships with people which were based on trust and respect. Comments from relatives included, "[Person] has a good relationship and rapport with staff" and "Staff seem very interested and very caring about their clients."

People were observed to be actively involved in making decisions about their care and support. People were always asked by staff about their choices and wishes and care plans also detailed information about people's likes and dislikes, hobbies and interest. One person told us that he was involved in writing his care plan and stated, "Yes, but [staff] writes it with me." Another person stated, "I have a schedule with what I do every day."

We saw records confirming that for one person, where some significant concerns had been noted, the service had supported the person to access an advocacy service so that the person had the opportunity to express their views and thoughts to an independent person about how they wished to be supported.

Staff clearly knew how to protect people's privacy and dignity and were able to give a variety of examples on how they achieved this. Examples included closing doors and curtains when supporting people with personal care, maintaining confidentiality of people's information and records and always explaining clearly to people what they were about to do. Throughout the inspection we also observed staff knocking on people's bedroom doors and waiting for a reply before they entered.

People's religious, cultural and personal diversity had been well documented within their care plan. Staff were also able to demonstrate a clear understanding of each person's needs and requirements and were able to support them appropriately. We also asked staff about supporting people who may identify themselves as lesbian, gay, bi-sexual and transgender (LGBT). Staff told us, "I have learnt and read about people's cultures. There would be no change in how I care for people. It's their choice" and "Everyone has a choice to choose how and what they want from life."

## Is the service responsive?

### Our findings

Every month people were involved in key worker meetings with their named key worker where people reviewed their care and support plan, their progress, activities and future plans. Key workers are allocated staff members who take responsibility for ensuring that the persons care and support needs were being met as well as ensuring regular communication with the person, their family and any other health care professionals were established and maintained.

Care plans were detailed and person centred and very clearly outlined people's needs and requirements about their care and support needs. At the beginning of the care plan, a one page personal profile was available which gave specific information, at a glance, about the person and included information about their family and friends, personal aims and objectives, identity culture and faith and key skills. In addition a life history document was also available which gave background information about the person and their health condition.

Staff had developed a good understanding of people's needs and how they wished to be supported. Staff confirmed that the care plans were good and gave them relevant and detailed information which enabled them to understand people's needs. Care plans also contained reference documents about each person's varying health or mental health condition and how people should be supported to manage their condition. Reference documents seen included hebephrenic schizophrenia, body dysmorphic disorder and mental health delusional disorder.

Each person's care plan also contained a document called 'Good days and Bad days'. This gave staff prompts about how the person's health condition could affect them on a bad day and in comparison on a good day, and how staff were to be responsive to the person's needs in those situations.

Care staff completed daily records for each person which outlined how people had been throughout the day and other key information relating to people's activities, moods and behaviours. Daily records were referenced by staff especially where staff were about to arrive on duty so that they had relevant information about the person and how they had been in order to respond to their needs accordingly.

The service did not have a prescribed activity plan but instead gave people the autonomy and choice to decide on the activities that they wished to participate in. Activities were normally planned either the day before or on an ad-hoc basis depending on how people felt. The registered manager told us that staff had not always been pro-active in recording and evaluating people's experience after an activity had taken place, but was working on making improvements in this area. However, people, staff and relatives told us that a variety of activities were organised which included going to the cinema, attending exhibitions, eating out, visiting the library, listening to music, gardening and day trips. People's comments included, "I go to Asda, MacDonald's and to the West End to buy Star Wars things. When it is somebody's birthday we go to Harvesters. I just spend my time on my own watching star wars" and "Yes I play video games PS2/3 and I do a bit of gardening. This year I am growing tomatoes. I got my first unescorted leave yesterday. I go to the Mosque and Asda."

Relatives feedback about activities included, "They get [person] to do things to motivate him and they encourage him to do social activities" and "They take her out which I am very pleased about. They seem to know her that they pick up on her behaviour and react accordingly."

People were encouraged to participate in regular monthly 'Your voice' which encouraged and supported people to voice their opinion and feedback on areas such as food, activities, things that were important to them and if there was anything people wanted to tell the provider. One person told us, "Yes we have a voice meeting and we talk."

The service had not received any complaints or concerns since the last inspection. The provider had a pictorial complaints policy which gave information to people, relatives and all other involved stakeholders on how to complain and how their complaint would be dealt with. People and relatives knew who to complain to if they had any concerns or issues. One person told us, "Complaints about the residents I would talk to the staff. If it is about the staff themselves I would talk to the lady in charge [registered manager]." One relative stated, "I am confident in addressing complaints with them but I have never had the need to contact the manager."

## Is the service well-led?

### Our findings

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff were complimentary of service and the way in which it was managed. Comments from people and relatives included, "I like her and feel confident to raise any concerns", "She is a very nice person and a very efficient manager" and "I feel able to contact the manager and confident she is always available. Feedback from staff included, "She is a good manager, she is so understanding and approachable" and "She is a good manager."

Staff told us that they were supported in their role through a variety of methods which included supervisions, handover meetings and team meetings. Records confirmed what staff told us. Team meetings were held on a regular basis and areas of discussion included safeguarding, people we support, incidents and accidents review, complaints and risk. Staff feedback about team meetings was positive and that they were able to give ideas and suggestions about how to improve the service.

The registered manager and the provider had a number of systems in place to monitor and improve the quality of care. This included a number of weekly, monthly, quarterly and annual audits of medicines, complaints, accidents and support plans. The provider also completed an annual mock Care Quality Commission (CQC) inspection based on the five key questions of safe, effective, caring, responsive and well-led. On completion of each audit, an action plan was developed which outlined all the issues or areas of concerns that were identified with details of the actions taken to make the necessary improvements. In addition the registered manager also ensured that all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained.

As part of quality monitoring and improvement the service also asked people and relatives to complete annual satisfaction surveys. We saw copies of the most recent survey exercise that had been completed which included an analysis of the results and any actions that needed to take place. People and relatives confirmed that they had been asked to give feedback on the quality of care that they received. One relative told us, "I have done some surveys. I always feel that they are quite open to our suggestions and ideas."

People living at Linden Lodge had not experienced any accidents or incidents since the last inspection. The registered manager showed us the providers reporting system for all accidents and incidents and included the recording of the detail of the accidents and the actions taken. The registered manager and provider were then able to use this information to analyse and identify any trends or patterns so that changes in practice could be implemented.